Building a movement for advancing towards the next generation of immunization supply chains
There are several types of problems

**Simple**
- *step-by-step recipes*
  - ...baking a cake

**Complicated**
- *technical solutions*
  - ...building a rocket to send to the moon

**Complex**
- *emergent systems*
  - ...raising a child

*Traditional approaches to social change are not solving our most complex problems*

Source: Adapted from “Getting to Maybe”
Traditional approaches are not solving our most complex social problems

- Funders select **individual grantees**
- Organisations **work separately** and compete
- Corporate and government sectors are often **disconnected** from donors and NGOs
- **Evaluation** attempts to **isolate** a particular organisation’s impact
- Large scale change is assumed to depend on **scaling organisations**
Imagine a different approach – multiple players working together to solve complex issues

Collective Impact

• Understand that social problems – and their solutions – arise from interaction of many organisations within larger system

• Cross-sector alignment with government, non-profit, philanthropic and corporate sectors as partners

• Organisations actively coordinating their action and sharing lessons learned

• All working toward the same goal and measuring the same things
All of these efforts share key characteristics

- **Designed for OUTCOMES AT SCALE**
  - Population-level change

- **Aimed at SYSTEMS CHANGE**
  - Shifting policies, funding flows, or social norms to create lasting change

- **Anchored in ROOT CAUSES**
  - Addressing structural inequity
Collective impact principles help operationalize systems change at scale...and can be seen in iSC

<table>
<thead>
<tr>
<th>Principles of collective impact...</th>
<th>...applied to immunization supply chains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common agenda</td>
<td>Comprehensive Multi-Year Plan (cMYP)</td>
</tr>
<tr>
<td>Shared measurement</td>
<td>EVM &amp; iSC Indicators</td>
</tr>
<tr>
<td>Mutually reinforcing activities</td>
<td>Annual EPI Workplan</td>
</tr>
<tr>
<td>Continuous communication</td>
<td>Regular Dialogue (e.g., Immunization Logistics Working Group)</td>
</tr>
<tr>
<td>Backbone support</td>
<td>EPI Team/MoH?</td>
</tr>
</tbody>
</table>
Collective impact in action looks like this…

*but how do you get there?*

---

**cMYP and Shared iSC Indicators**

**strategic guidance and support**

- iSC Logistics Working Group

**partner-driven action**

- Delivery partners (e.g., Ministry, NGO, private sector service provider, donors)

- Community partners working on strategies

**EPI/MoH Team?**

- Guides strategy
- Supports aligned activities
- Establishes shared measurement
- Builds public will
- Advances policy
- Mobilizes resources

---

Collective impact with global and local coordination can look like this

Common Agenda and Shared Metrics

International Alliance of Donors/Partners

Regional

Country

Regional

Country

Regional

Country
For a collective impact approach to work, there needs to be a “readiness” for doing things differently.

- Influential Champions
- Urgency for Change
- Basis for Collaboration
- Availability of Resources
As you all go back to your day jobs, remember there are several **pitfalls** in collective impact to avoid

- Rushing through the common agenda development process
- Not allowing disparate views at the table
- Not celebrating quick wins along the way
- Self-declaring as a backbone
- Confusing program collaboration with systems change
- Not embracing that collective impact means *doing things differently*
Panel Discussion

- Dr. Tariku Berhanu, Health Officer, UNICEF, Ethiopia
- Mr Brian Atuhaire, PATH, Program Officer Immunization Supply Chain, Uganda
- Dr. Francis Mwanza, National Expanded Programme on Immunization Manager, MoH, Zambia
- Ms. Cheryl Rudd Mallaghan, Deputy Director of the Centre for Infectious Disease Research in Zambia
- Moderator: Laura Herman, Managing Director, FSG